MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH PEPARTMENT OF PUBLIC HEALTH AND WELFARE																
DO NOT WRITE	ARTE		NDED	PUI		gistration District No	~ *** ** ** ******	pary Registration	Distric	1 No. 100	2_Registrer	■ No	438	STATE	FILE NUM	BER .
ON THIS STUB	1 1-1 1 1 1			<u> </u>	- 1.	PLACE OF DEATH a. COUNTY	JFEB 8 1968				2. USUAL RE		ere deceased li			esidence before
VS 300 Rev. 4/59		H					Jackson porate limits, give TOWN	CHID and	Lame	h of stay in 1b		Мо	B. COUNTY	Jac	KSO	2 admission)
KOV. 4, 4,	Z					OR		onir only)	20		c, CITY OR TOWN	Kansa	s Cit	17 - 1 ⁻		Inside Limits Yes ⊠ No 🗆
1	₹			11		c. FULL NAME OF (If N	nsas City NOT in hospital, give loca	tion)	Ь.	Inside Limits	A STREET	-		y give location		Reside on Farm
23058	DATE AMENDED					HOSPITAL OR	3217 Donne			Yes)Ki No □	ADDRESS	3217	Donne			Yes □ No 🛗
3	2	П	+	1	3.	NAME OF DECEASED (Type or print)	First		Middle		Last	4. D.	ATE M	ionth	Day	Year
4					_		Margar		-	 	hard		ATH Jan	21		1963
/-					5.	SEX	6. COLOR OR RACE	7. Married [Widowed		ver Married Divorced	8. DATE OF B		GE (last birthday 95	Months	Days Days	Hours Min.
·5 2	[11	Ì		10	F M	White (Give kind of work done		<u>. </u>	SS OR INDUSTRY	1 ' '		state or country) 12. CH12	EN OF W	HAT COUNTRY
6	Ş		İ			during most of working	g life, even if retired)	Housev	wife	e .	Atch	ison	Kansa			
7 ,	ğΪ				134	. FATHER'S NAME	Retired		OTHER'	S MAIDEN NAME			14. NAME OF	HUSBAND C		
8	ᅙ						llwell			rgaret	McKin	, •	Joh	n(De	ceas	ed)
	AS						IN U.S. ARMED FORCES? yes, give war or dates of		OCIAL :	SECURITY NO.	17. INFORMAT		2219 م	Address	211 v	,K.C,MC
°3341	꽃			ļ, <u>.</u>	-	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	line		μ	7	11031.	-	DOM		RVAL BETWEEN ET AND DEATH
10	Δ			NEW T		PART I.	•		21	O Va .	2 An	19-20	Pers	.	ONS	ET AND DEATH
11	č			S	1		IMMEDIATE CAUSE (a			2	H			,		0
	찚	1		8	.		ns, if any,) DUE TO (i	o) <i>&</i>	rl	esio	reter	<u> </u>				<u> </u>
	THIS REC					above constating the	ave rise to tause (a), the under- ause last. DUE TO (; c)					- h			<u>. </u>
	Ö			1	중	PART II.	OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBU	TING TO DEATH	but not relate	ed to the te	rminal PART	III. If dec	eased w	as female wa y in last 90 days
	13				CATION		Carteste consuman B.van.							☐ Yes	□ No	
	AMENDMENT				CERTIFI	PERFORMED?	20a. ACCIDENT SUICID	E HOMICIDE	20	b. DESCRIBE HOV	W INJURY OCCU	IRRED. (Enter	nature of injury	in PART I or	PART II of	f item 18.)
_			ŀ	.		20c. TIME OF Hou	Month, Day, Year					•		-		
و ح	₹				EDICAL	INJURY a.m.	.,, ,				:					
BLACK INK OR RITER RIBBON					₹	20d. INJURY-OCCURREN WHILE AT WORK I NOT WHILE AT W	D 20e. PLACE farm,	OF INJURY (e.g	, in or ffice blo	about home, 20 dg., etc.)	of. CITY, TOWN	, OR LOCAT	ION	COUNTY		STATE
A S E	READ						- Jane	.2 /9	163	3 man	21.196	and last s	her alive on	ten	20	1963
E BL	LO RE				Day	21. I attended the deco Death occurred at.	145 am			m on the	,		ne best of my k	wledge, from		`
USE BLACOR	SHOULD				ъ	22a. SIGNATURE	200	(rec or title)	K	0	22b. ADDRESS	09	the K	O.Z	أحعا	22c. DATE SIGNE
•	├-	+	+	AVIT	2 23	BURIAL, CREMATION,	23b. DATE			METERY OR CRE	2	23d. LO	ATION (City, to	wn, or count	y)	(State)
	Š			FFIDA	Fr	REMOVAL (Specify) Removal	1/23/1963		ue_	Springs			e Spri		. No	· .
	E¥			Y AF	24.		al Home Bl	DRESS	inor		E RECD. BY LOC	AL REG. 2	6. REGISTRAR'S	SIGNATURE	ρ	
!	=	1 1		ğ	ا '	Aenn raner	at nome bi			mbalmer's Statem	ant on Payerra	19 3 Sida)	01	uch.		ng

STATEMENT BY LICENSED EMBALMER

× by	hereby o	ertify that the body whose	e name is reco	orded on the	reverse side of this certificate was embalmed by me,, Student Embalmer No
working	under my	personal supervision.	. ,		William Freed
student_		Signature of Student Embalmer	 -	Signed	William Oreer
,					Licensed Embalmer No. 4733
			•		P. O. Address Blue forings mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.